

October 1, 2004

Montana Medicaid Notice

Hospital, Physician, Mid-Level and Psychiatric Providers

Emergency Department Claim Appeal Process

Hospitals and professionals may appeal reimbursement for emergency visits which the medical professional rendering the screening and evaluation determine are emergent but were only paid a screening and evaluation fee.

To request review the hospital and/or the professional may send a letter requesting review to:

Mountain-Pacific Quality Health Foundation (MPQHF)
3404 Cooney Drive
Helena, MT 59602

You must include the client name, social security number, date of service and your Medicaid provider ID number or the ICN of the claim you wish reviewed. You must also include the Emergency Room Record/Report. The Emergency Room Record/Report needs to include the date and time of service. You may request multiple reviews on one request.

If MPQHF is unable to determine from the Emergency Room Record/Report that an emergency condition existed, the medical professional who rendered the service will be sent a letter requesting information on why they believe an emergency condition existed. This information may be sent back to MPQHF by mail, by fax or may be a telephone call to MPQHF. Please do not send this information via e-mail due to confidentiality issues.

If this information is not received within 30 days, you will be notified that the review determined an emergency condition did not exist and you have the right to request a Fair Hearing within 30 days.

Emergency Room Record/Reports are reviewed by RNs to determine if an emergency condition exists. If the RN determines that an emergency condition did not exist the record is further reviewed by an MD (the State Medical Director). The reviews are conducted within 2 weeks of receiving all necessary information. If further review is needed by an MD this is conducted within another 2 weeks.

If the review determines an emergency condition exists, the record will be sent to the Department for a claim adjustment to be made. This will then be sent to ACS within 2 weeks for processing of additional payment. ACS generally takes no longer than 4 weeks to process the additional payment.

If the review determines an emergency condition did not exist, you will be sent written notification of your right to request a Fair Hearing within 30 days.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

Visit the Provider Information website:

<http://www.mtmedicaid.org>